

SCHOOL LETTER HEAD

To: Community School for Adults
Subject: **Approval Notice - Applicant Placed on our Preferred Substitute List**

Applicant Full Legal Name *Social Security Number*

is placed on **our** Preferred Substitute Teacher List and has my approval to register for the Substitute Teacher Course.

Section I and II below must be completely verified BEFORE School Administrator signs.

I. Qualification

(Check one)

- 1st Priority** – Teacher Trained with Bachelor’s degree: Completed a State-Approved Teacher Education Program (SATEP that included student teaching in a Grade K-12 setting).
- 2nd Priority** – Completed a Bachelor's degree i.e. B.A., B.S.

II. Transcript Verification

The transcript should reflect only **ONE** of the following accredited agencies recognized by the department. *If information is not available or does not reflect any of the accredited agencies below, DO **NOT** APPROVE NOR SIGN BELOW.* Applicant is responsible to submit hardcopy verification from his /her college/university’s accredited agency. NOTE: Verification may be printed on the back of official transcript.

(Check one)

Applicant’s college/university transcript is accredited by ONE of the following agencies:

- Middle States Assoc of Colleges/Schools, Commission on Higher Ed (MSA-CHE);
- North Central Assoc of Colleges/School, the Higher Learning Commission (NCA-HLC);
- Northwest Commission o Colleges/Universities (NWCCU);
- New England Assoc of School/Colleges, Commission in Institutions of Higher ED (NEASC-CIHE);
- Southern Assoc of Colleges/Schools, Commission on Colleges (SACS); or
- Western Assoc of Schools/Colleges, Accredited Commission for Senior College/University (WASC-ACSCU)

III. Other Documents Attached

(Check, if applicable)

- DOE Form SF5A-1, *Notification of Personnel Action*
- Applicant’s resume

I verify that the applicant has met the minimum educational requirement and provided the necessary transcript verification.

School Administrator *Signature* Title Date